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| Date: 240-97 | |
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| Pat Hannact | |
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| From: | of Carroll |
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| | |
| Phone: | (334)479-6500 |
| Fax phone: | (334)479-9500 |

| REMARKS: Urgent For your review Reply ASAP Please comment |
|---|
| Yea the votice to Transport. For Sooner Pial has been received. |
| Please sign 10 worteday Advanced suprent notifications are tax saits. I signed the first week to set in starke. Lekey |
| |

Iall me at home tomorrow 334-432-7737

SMTH

Date: 2-0-9

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Phone: (334)479-6500

Fax phone: (334)479-9500

| REMARKS: | Urgent | | Reply ASAP | ☐ Please comment |
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| Pleas | e a | ovice it | this | |
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10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725)

(Revised 02/08/97)

CURRENT DATE 2-10-9

| GENERATOR NAME VS | EPA ROCI | On 6 GEN. ID# 6 | DKD98709669 |
|---|------------------------------------|---|---|
| AUTHORIZED COMPANY A | GENT <u>Pat 14</u> | CMMOCHT PHONE # 10 | H-605 2214 |
| CARRIER COMPANY/CONT. | ACT Stant | DCZQ PHONE # B | 13-678-8384 |
| TYPE: 🚣 NORM/LLRW _ | 11e.(2) Mix | xed Waste (Require Treatm | ent: Y / N) |
| Does the shipment contain Si | NM?: Y/N | | |
| Does the <u>Transport Vehicle</u> C | ontain Multiple Mani | fests? Y /N)(If Yes) How m | any per vehicle? |
| If the Shipment Contains Drui | ms or Bags, Are they | / Palletized? Y /N | |
| REQUESTED DATE OF DEL | IVERY 2-24 | -97 | |
| NOTE: CONTAINERS WEIGHING OF TO SPECIAL SCHEDULING THE FOLLOWING SHIPMEN ALL SHIPMENTS MUST ARE | CONSIDERATION. ITS FOR DISPOSAL | PLEASE SCHEDULE YOU . ON THE ABOVE DATE. I | UR FACILITY TO ACCEPT T IS UNDERSTOOD THAT |
| Customer Record # | #/Type of Containers | Truck/Trailer #s or Railcar/Container #s (if available) | Special Handling, Treatment, Packaging, Etc Note when |
| 48 | | | Containers Weighing >15,000 lbs. |
| 2085 -01 -001 | 15 Kuperates | / | 4/4_ |
| 2025 -01 -00a | 15/50000000000 | / | 214 |
| 2003 -01-003 | 15/enanch | ·/ | NIA |
| 2023-01-004 | 12 KDOSCKITY | | 4/14 |
| 2036-01-005 | 17 / Entraceper | | A/61 |
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| AUTHORIZED/ZOMPANY A | GENT/BROKER | | 1 |
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Fax To: Attention Scheduling Department

(801) 521-9630

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725) (Revised 02/08/97)

CURRENT DATE 2-10-9

| GENERATOR NAME VS | EPA KOCI | ON 6 GEN. ID# 6 | DKD98709669 |
|---|----------------------|-------------------------------------|-------------------------------------|
| AUTHORIZED COMPANY A | gent <u>Pat 14</u> | CMMOCHT PHONE # (| HH-605-2214 |
| CARRIER COMPANY/CONT. | ACT_Stant | PHONE # B |)3-678-838 ⁴ |
| TYPE: 🚣 NORM/LLRW _ | 11e.(2) Mi | xed Waste (Require Treatm | nent: Y / N) |
| Does the shipment contain Si | NM7: Y/N | | |
| Does the Transport Vehicle C | ontain Multiple Mani | fests? Y /N)(If Yes) How n | nany per vehicle? |
| If the Shipment Contains Drui | ms or Bags, Are they | / Palletized? Y /N | |
| REQUESTED DATE OF DEL | IVERY 2-25 | -97 | |
| NOTE: CONTAINERS WEIGHING | | | |
| TO SPECIAL SCHEDULING THE FOLLOWING SHIPMEN | | | |
| ALL SHIPMENTS MUST ARE | | | |
| Customer | #/Type of | Truck/Trailer #s or | Special Handling, |
| Record # | Containers | Railcar/Container #s (if available) | Treatment, Packaging, Etc Note when |
| , (2) | | , | Containers Weighing |
| 2085 -01 -006 | 15 Kuperiats | , | >15,000 lbs. ~ / / A |
| 2085 -01 -001 | 12 1000 dependen | | 1/A |
| 2085-01-008 | 15/2000 | | 4/4 |
| 2085-01-009 | 15 KNOSCRITE | / | 4/(4 |
| 2085-01-010 | 12/2000/c | | 4/14 |
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| Sol Capad | <u>a</u> | | : |
| AUTHORIZED COMPANY A | GENTARROKER | | |

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725) (Revised 02/08/97)

CURRENT DATE 2-10-97

| | _ | | |
|--|--|---|---|
| GENERATOR NAME 👤 | ISEPA Rocin | GEN. ID#_ | OKD987096691 |
| AUTHORIZED COMPAN | YAGENT Pat 14 | mnact PHONE # (| AH-605-20214 |
| CARRIER COMPANY/CO | ONTACT Starts | PHONE # 6 | 03-678-838 ⁴ |
| TYPE: 🚣 NORM/LLRI | W11e.(2) Mix | ed Waste (Require Treati | ment: Y / N) |
| Does the shipment contain | in SNM?: Y/N | | |
| Does the Transport Vehic | <u>le</u> Contain Multiple Manif | ests? Y /N)(If Yes) How | many per vehicle? |
| If the Shipment Contains | Drums or Bags, Are they | Palletized? Y (N) | |
| REQUESTED DATE OF | DELIVERY 2-2 | 5-97 | |
| | ING CONSIDERATION. MENTS FOR DISPOSAL | PLEASE SCHEDULE YOU ON THE ABOVE DATE. | OUR FACILITY TO ACCEPT IT IS UNDERSTOOD THAT |
| Customer Record # | #/Type of Containers | Truck/Trailer #s or Railcar/Container #s (if available) | Special Handling, Treatment, Packaging, Etc Note when |
| A • • • • • • • • • • • • • • • • • • • | | (ii dvaliabio) | Containers Weighing |
| 3086 01 611 | | , | >15,000 lbs. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 2080 -01 -011 | 15 Kuperates | | |
| 2085 -01 -013 | 15/coporates | | NA |
| 2085-01-013 | 15/spains | | <u> </u> |
| 2082-01-015 | 12 Kapasaga | | 4/14 |
| 0 2 3 - 0 (- 0 (- 3 | 12 / 20 Par 20 C 2 | , | <u></u> |
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| AUTHORIZED COMPAN | Y AGENT/BROKER | | |

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725) (Revised 02/08/97)

| | | | RENT DATE 2-10-97 |
|---|---------------------------------|---|---|
| GENERATOR NAME | EPA Rocio | On 6EN. ID# 6 | DKD98709669 |
| AUTHORIZED COMPANY A | gent <u>Pa+ 1</u> 4 | CMMOCH PHONE # 10 | 14-606-2214 |
| CARRIER COMPANY/CONT | ACT Stante | PHONE # ES | 13-678-8384 |
| TYPE: 🚣 NORM/LLRW _ | 11e.(2) Mi | xed Waste (Require Treatm | ent: Y / N) |
| Does the shipment contain SI | NM7: Y/N | | |
| Does the <u>Transport Vehicle</u> C | ontain Multiple Mani | fests? Y /N (If Yes) How m | any per vehicle? |
| If the Shipment Contains Dru | ms or Bags, Are they | Palletized? Y (N) | |
| REQUESTED DATE OF DEL | IVERY 2-2 | 197 | |
| NOTE: CONTAINERS WEIGHING OF TO SPECIAL SCHEDULING THE FOLLOWING SHIPMEN ALL SHIPMENTS MUST ARE | CONSIDERATION. ITS FOR DISPOSAL | PLEASE SCHEDULE YO. ON THE ABOVE DATE. | UR FACILITY TO ACCEPT T IS UNDERSTOOD THAT |
| Customer Record # | #/Type of Containers | Truck/Trailer #s or Railcar/Container #s (if available) | Special Handling, Treatment, Packaging, Etc Note when |
| CS. | | • | Containers Weighing >15,000 lbs. |
| 2080 -01 -016 | 15 Kuperiates | | 4/4 |
| 2085 -01 -017 | 15 Kapisacher | | NIC |
| 2025-01-018 | 15/2000/2/2 | : | N/A |
| 2085-01-019 | 12 Ksporca't. | / | 4/(1 |
| 2085-01-020 | 17 / Enbucyes | | A16. |
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| Say Pors | De. | | ! |
| AUTHORIZED COMPANY A | GENIJABOKEK | | |

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725) (Revised 02/06/97)

| | | | RENT DATE 2-10-9 |
|---|-------------------------|--|--|
| GENERATOR NAME | | | |
| AUTHORIZED COMPANY A | gent <u>Pa+ 1-</u> | CMMact PHONE # (3 | 14-605 2214 |
| CARRIER COMPANY/CONT | ACT Stant | PHONE # B | 03-678-8384 |
| TYPE: 🚣 NORM/LLRW _ | 11e.(2) Mi | xed Waste (Require Treatm | ent: Y / N) |
| Does the shipment contain Si | NM7: Y/N | | |
| Does the <u>Transport Vehicle</u> C | ontain Multiple Mani | ifests? Y /N)(If Yes) How n | nany per vehicle? |
| If the Shipment Contains Dru | ms or Bags, Are they | y Palletized? Y N | • |
| REQUESTED DATE OF DEL | IVERY 70-04 | h-A7 | |
| | | lea la barbara de | |
| NOTE: CONTAINERS WEIGHING (TO SPECIAL SCHEDULING | | | |
| THE FOLLOWING SHIPMEN | NTS FOR DISPOSAL | ON THE ABOVE DATE. | IT IS UNDERSTOOD THAT |
| ALL SHIPMENTS MUST ARI | | | |
| Customer Record # | #/Type of Containers | Truck/Trailer #s or Railcar/Container #s | Special Handling, Treatment, Packaging, |
| | | (if available) | Etc Note when |
| 68 | | | Containers Weighing >15,000 lbs. |
| 2085 -01 -021 | 15 Kuperaks | . / | 4/14 |
| 2085 -01 -022 | 15/50000 5ches | | 214 |
| 2025-01-023 | 15/2000 | | 414 |
| 2085-01-024 | 12 KNOOSCRIE | | 4/(1 |
| 2085-01-026 | 15/ suprates | | Alvi |
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| ALITHODIZED COMBANY A | CENTIRDOKED | | |

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725) (Revised 02/08/97)

| GENERATOR NAME AUTHORIZED COMPANY A CARRIER COMPANY/CONT TYPE: NORM/LLRW Does the shipment contain S Does the Transport Vehicle C If the Shipment Contains Dru REQUESTED DATE OF DE | GENT POT MINISTRACT MI | PHONE # 6 Red Waste (Require Treatm fests? Y / N (If Yes) How m Palletized? Y / N | 114-605-2214 03-678-8384 ent: Y/N) |
|---|--|--|--|
| NOTE: CONTAINERS WEIGHING OF TO SPECIAL SCHEDULING THE FOLLOWING SHIPMEN ALL SHIPMENTS MUST AR | S CONSIDERATION. NTS FOR DISPOSAL | PLEASE SCHEDULE YO ON THE ABOVE DATE. | UR FACILITY TO ACCEPT IT IS UNDERSTOOD THAT |
| Customer Record # | #/Type of Containers | Truck/Trailer #s or Railcar/Container #s (if available) | Special Handling, Treatment, Packaging, Etc Note when Containers Weighing >15,000 lbs. |
| 2056 -01 -026 | 15 Kuperates | / | 4/14 |
| 2085 -01 - 027 | 12 1 Superaction | | NIA |
| 2086-01-028 | 15/superiors | | <u> 4/4 </u> |
| 2085-01-029 | 12 KDOLCELL. | / | <u> </u> |
| 2085-01-030 | 17 / Subaceper | ·/ | <u>~1(~</u> |
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| AUTHORIZED COMPANY A | AGENT/BROKER | | ļ |

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725) (Revised 02/08/97)

| • | | | RENT DATE 2-10-97 |
|---|-------------------------|--|--|
| GENERATOR NAME V | | | |
| AUTHORIZED COMPANY A | gent <u>Pa+ 1-</u> | CMNOCK PHONE # 10 | 14-605-2214 |
| CARRIER COMPANY/CONT | ACT_Stant | PHONE # ES |) 3 -678-838 ⁴ |
| TYPE: <u>*</u> NORM/LLRW _ | 11e.(2) Mi | xed Waste (Require Treatm | ent: Y / N) |
| Does the shipment contain S | NM?: Y/N | | |
| Does the <u>Transport Vehicle</u> C | Contain Multiple Mani | ifests? Υ /(N)(If Yes) How π | nany per vehicle? |
| If the Shipment Contains Dru | ims or Bags, Are they | y Palletized? Y N. | |
| REQUESTED DATE OF DEL | IVERY 3-4 | -97 | |
| | | HOT OF HOTED OF THE | TP: 14 Alia And alia :=== |
| NOTE: CONTAINERS WEIGHING (TO SPECIAL SCHEDULING | | | |
| THE FOLLOWING SHIPMEN | NTS FOR DISPOSAL | ON THE ABOVE DATE. | IT IS UNDERSTOOD THAT |
| ALL SHIPMENTS MUST AR | | | |
| Customer Record # | #/Type of Containers | Truck/Trailer #s or Railcar/Container #s | Special Handling, Treatment, Packaging, |
| | | (if available) | Etc Note when |
| 4 | | | Containers Weighing >15,000 lbs. |
| 2085 -01 -031 | 15 Kuperates | / | 4/11 |
| 2085 -01 -032 | 15/2005ch | | NIA |
| 2085-01-033 | 15/2001x1 | S/_ | 4/4 |
| 2085-01-034 | 12 KD02661/2. | / | 4/14 |
| 2085-01-035 | 17 / Superegre | | A/W |
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| AUTHORIZED COMPANY A | GENTIRONKER | 1 | |

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725)

(Revised 02/05/97)

| | _ | | RRENT DATE 2-10-9 | | | |
|---|------------------------|---------------------------|---|--|--|--|
| GENERATOR NAME V | SEPA ROCI | On 6 GEN. ID #_1 | OKD98709669 | | | |
| AUTHORIZED COMPANY | AGENT Pat 14 | CMMact PHONE # (| al4-606 20214 | | | |
| CARRIER COMPANY/CON | TACT STANTE | PHONE # 6 | 03-678-8384 | | | |
| TYPE: 🚣 NORM/LLRW | 11e.(2) Mi: | xed Waste (Require Treatr | ment: Y / N) | | | |
| Does the shipment contain S | SNM?: Y/N | | | | | |
| Does the Transport Vehicle | Contain Multiple Mani | fests? Y /N)(If Yes) How | many per vehicle? | | | |
| If the Shipment Contains Dr | rums or Bags, Are they | / Palletized? Y (N) | | | | |
| REQUESTED DATE OF DELIVERY 3-5-97 | | | | | | |
| \ | | | | | | |
| NOTE: CONTAINERS WEIGHING OVER 15,000 lbs. MUST BE LISTED SEPARATELY AND ARE SUBJECT TO SPECIAL SCHEDULING CONSIDERATION. PLEASE SCHEDULE YOUR FACILITY TO ACCEPT | | | | | | |
| THE FOLLOWING SHIPME ALL SHIPMENTS MUST AF | | | IT IS UNDERSTOOD THAT | | | |
| Customer | #/Type of | Truck/Trailer #s or | Special Handling, | | | |
| Record # | Containers | Ralicar/Container #s | Treatment, Packaging, | | | |
| | | | | | | |
| .0 | | (If available) | Etc Note when Containers Weighing | | | |
| 68 | | (If available) | Containers Weighing >15,000 lbs. | | | |
| 3085 -01 -036 | 15 Kupericies | • | Containers Weighing | | | |
| 2085 -01 - 037 | 15 /Coporates | / | Containers Weighing >15,000 lbs. | | | |
| 2085-01-038 | 15/20000/2 | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |
| 2085 -01 - 037 2085 -01 - 038 2085 -01 - 039 | 15/Sporce | / | Containers Weighing >15,000 lbs. | | | |
| 2085-01-038 | 15/20000/2 | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |
| 2085 -01 - 037 2085 -01 - 038 2085 -01 - 039 | 15/Sporce | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |
| 2085 -01 - 037 2085 -01 - 038 2085 -01 - 039 | 15/Sporce | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |
| 2085 -01 - 037 2085 -01 - 038 2085 -01 - 039 | 15/Sporce | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |
| 2085 -01 - 037 2085 -01 - 038 2085 -01 - 039 | 15/Sporce | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |
| 2085 -01 - 037 2085 -01 - 038 2085 -01 - 039 | 15/Sporce | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |
| 2085 -01 - 037 2085 -01 - 038 2085 -01 - 039 | 15/Sporce | / | Containers Weighing >15,000 lbs. 1//A N/A | | | |

AUTHORIZED COMPANY AGENT/BROKER

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725)

(Revised 02/06/97)

| | _ | | KRENI DATE A-10-9 | | | |
|--|----------------|---------------------------|-----------------------------------|--|--|--|
| GENERATOR NAME | IPA ROCI | <u> </u> | DKD98709669 | | | |
| AUTHORIZED COMPANY A | GENT Pat 14 | CMMOCHT PHONE # (| H4-665-20214 | | | |
| CARRIER COMPANY/CONT | ACT Stanta | PHONE # B | 03-678-8384 | | | |
| TYPE: 🚣 NORM/LLRW _ | 11e.(2) Mix | ced Waste (Require Treatm | nent: Y / N) | | | |
| Does the shipment contain S | NM?: Y/N | | | | | |
| Does the Transport Vehicle Contain Multiple Manifests? Y /(N) (If Yes) How many per vehicle? | | | | | | |
| If the Shipment Contains Drums or Bags, Are they Palletized? Y (N) | | | | | | |
| REQUESTED DATE OF DEL | IVERY 3-6- | 3 7 | | | | |
| | | | | | | |
| NOTE: CONTAINERS WEIGHING | | | | | | |
| TO SPECIAL SCHEDULING | CONSIDERATION. | PLEASE SCHEDULE YO | OUR FACILITY TO ACCEPT | | | |
| THE FOLLOWING SHIPMEN ALL SHIPMENTS MUST ARI | | | | | | |
| Customer | #/Type of | Truck/Trailer #s or | Special Handling, | | | |
| Record # | Containers | Ralicar/Container #s | Treatment, Packaging, | | | |
| | | (if available) | Etc Note when Containers Weighing | | | |
| 48 | | | >15,000 lbs. | | | |
| 2025 -01 -041 | 15 Kuperiates | / | 4/14 | | | |
| 2085 -01 -042 | 15/5000506/cs | | NIA | | | |
| 2025-01-043 | 15/Evanch | | 4/14 | | | |
| 2088-01-04H | 15 Kuposcair | | 4/1, | | | |
| 2085-01-045 | 1 / SUDICE | | 11/A | | | |
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AUTHORIZED COMPANY AGENT/BROKER

10 WORKING-DAY ADVANCED SHIPMENT NOTIFICATION

(EC-2725)

(Revised 02/06/97)

| | _ | | RRENT DATE 3-10-9 |
|---|-------------------------|--|-------------------------------------|
| GENERATOR NAME \(\)C | SEPA ROCI | On 6 GEN. ID# 6 | DK:D98709669 |
| AUTHORIZED COMPANY | AGENT Pat 14 | annact PHONE # (| HH-665 2214 |
| CARRIER COMPANY/CON | TACT STORT | PHONE # B | 03-678-8384 |
| TYPE: 🚣 NORM/LLRW | 11e.(2) Mi | xed Waste (Require Treatm | nent: Y / N) |
| Does the shipment contain \$ | SNM?: Y/N | | |
| Does the Transport Vehicle | Contain Multiple Mani | ifests? Y /N)(If Yes) How n | nany per vehicle? |
| If the Shipment Contains Dri | ums or Bags, Are they | Palletized? Y (N) | |
| REQUESTED DATE OF DE | CILVERY 3-1 | 9 7 | |
| | | | |
| NOTE: CONTAINERS WEIGHING | OVER 15,000 lbs. M | UST BE LISTED SEPARA | TELY AND ARE SUBJECT |
| TO SPECIAL SCHEDULING | | | |
| THE FOLLOWING SHIPME ALL SHIPMENTS MUST AR | | | |
| | | | |
| Customer Record # | #/Type of Containers | Truck/Trailer #s or Railcar/Container #s | Special Handling, |
| Record # | Containers | (if available) | Treatment, Packaging, Etc Note when |
| | | (II AVAIIADIE) | Containers Weighing |
| <u> </u> | | | >15,000 lbs. |
| 2025 -01 -046 | 15 Kuperiaks | | 4/4_ |
| 2085 -01 -047 | 15/CUROTECTES | , / | NIA |
| 2084-01-048 | 15/2001-64: | | _ A/A |
| 2085-01-049 | 12 KDORCKITY | | 4/1, |
| 2085-01-050 | 17 / Subacches | | Alla |
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| AUTHORIZED COMPANY | AGENT/BROKER | | ; |
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